



Jessica Daviso  
Fine Arts Chair  
K-12 Arts Curriculum

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January 24, 2022

To: Joel Boyd, Superintendent, Lowell Public Schools  
Fr: Jessica Daviso, Fine Art Department Chair & K-12 Arts Curriculum, Lowell Public Schools  
Cc: Michael Fiato, Head of School, Lowell High School; Jill Rothschild, Associate Head of School, Lowell High School  
Re: National Art Education Association Conference  
Enc: Letter of invitation

Dear Dr. Boyd,

The National Art Education Association (NAEA) Board of Directors have invited me to attend their 75th Annual National Convention in New York City to accept the award of *2022 Massachusetts Art Educator of the Year*. I am requesting approval to attend the full conference, from March 3rd-5th, 2022. There is no cost to the school district, as I will cover the costs of registration, travel, and lodging myself. This convention hosts the largest gathering of visual arts, design, and media arts educators in the world and features hundreds of workshops that foster professional learning in the arts. Detailed information about the convention and its keynote speakers, workshops, and events can be found at this weblink: <https://naea22.us3.pathable.com/>. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "JDaviso".

Jessica Daviso

**REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A  
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY**

**ALLOW 4 WEEKS FOR PROCESSING**

**(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)**

**Please fill out all provided fields to avoid any delays of the approval process.**

**REMIT TO: CURRICULUM OFFICE**

Name of Staff Member: JESSICA DAVIS

School: LHS Grade Level: \_\_\_\_\_ Subject: DEPARTMENT CHAIR

Workshop Title: NAEA NATIONAL CONVENTION FINE ARTS

Organization/Department Presenting Workshop: National Art Ed. Assoc. Cost: \$0

Date(s) of Workshop: MARCH 3-5 2022

Substitute Coverage Needed?  No  Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: \_\_\_\_\_

In State ( )  \*Out of State  \*Overnight  (Please  one)

\*\* Letter to the Superintendent of Out of State/Overnight attached \*\*

Signature of Applicant: [Signature] Date: 1/25/22

Signature of Approval by Principal: [Signature] Date: \_\_\_\_\_

\*\*Please provide source of funding, account number and/or grant name, and number for workshop and substitute\*\*

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No. #)			

Signature of Central Administrator: [Signature] Date: 2/9/22

Sub Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

\*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.